



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF VOCATIONAL REHABILITATION

Project H.I.R.E.

Hiring Individuals with disabilities Ready for Employment

DESK GUIDE

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Project H.I.R.E. Desk Guide

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What Is Project H.I.R.E.?

The Division of Vocational Rehabilitation is sponsoring Project H.I.R.E. to provide rapid job placement to customers who are ready for *immediate* employment in jobs that:

- Are permanent, fulltime (at least 35 hours/week)
- Pay mid-to-high salaries, with benefits; and
- Match a high demand occupation.

Project H.I.R.E. is being funded by DVR using one-time federal funds from the American Recovery and Reinvestment Act that must be spent by December 31, 2011.

Project H.I.R.E. targets adults and youth with disabilities who are ready for full-time employment in high demand occupations that pay mid-to-high wage salaries. In addition to those served from the regular DVR program, by September 2011 an additional 1000 customers will be rehabilitated through Project H.I.R.E.:

- July 2009 – April 2010 = 200 rehabilitations
- January – September 2010 = 200 rehabilitations
- July 2010 – April 2011 = 300 rehabilitations
- January – September 2011 = 300 rehabilitations

Initially, DVR is contracting with 11 organizations to provide rapid job placement and related support services to Project H.I.R.E. customers that will result in 200 customers being rehabilitated during the next 9-months. These contractors include: 6 Workforce Development Councils; 3 Colleges, and 2 Community Based Organizations. Each of these contracts will last 9-months.

The next 9-months will be a discovery period to learn how well the Project H.I.R.E. model works. If the initial contracts successfully achieve their outcomes, they will be extended and additional contractors may be added to achieve the 1000 additional rehabilitations planned through Project H.I.R.E.

Who Will Be Project H.I.R.E. Customers?

Project H.I.R.E. will serve only new DVR customers with one exception. If a current DVR Customer otherwise meets Project HIRE criteria, is in Application or Eligibility status, and no DVR money has been spent on anything besides

obtaining records (ie, no money spent on any diagnostics, evaluations or assessments), the individual may be referred by DVR to the Project HIRE Contractor for consideration. The DVR Supervisor must notify the Contractor of the potential candidate and the Contractor must meet with the individual to see if the Contractor agrees. If there is agreement, the customer would be designated by the DVR Counselor as a Project HIRE case (see page (Page 9, "How Is A Project H.I.R.E. Case Managed In STARS"). The Project H.I.R.E. Contractor will assist the customer in completing the Employment Goal Worksheet (see Appendix C) which is submitted to the DVR Counselor for development of the IPE.

These individuals will be otherwise primarily from the following target populations:

- Dislocated Workers with disabilities – individuals with disabilities who have a recent attachment to the workforce but have become unemployed and face a substantial barrier to re-employment because of a disability;
- Unemployment Claimants with disabilities – individuals with disabilities who are currently receiving Unemployment Insurance and face a substantial barrier to re-employment because of a disability;
- Adults and youth with disabilities exiting high demand training – individuals with disabilities who are trained in high demand occupations but face a substantial barrier to employment because of a disability; as well as
- Veterans with disabilities – individuals with disabilities who are veterans and face a substantial barrier to employment because of a disability.

Former DVR Customers who were successfully employed but now are receiving Unemployment Insurance will be contacted by DVR to see if they would like to be served by Project H.I.R.E. A list of these former customers will be provided to the DVR Supervisor who will coordinate outreach to these individuals. See Appendix A for complete details.

All customers served through Project H.I.R.E. will share the following in common:

- Recent job loss with strong employment histories and competitive skills for high demand occupations
OR
Recent completion of training in a high demand occupation;
- Want to work full-time (at least 35 hours/week);
- Unlikely able to secure employment without rapid job placement and other support services that are required to overcome a substantial disability-related barrier to employment;

- Will co-enroll in services provided through WorkSource under the Workforce Investment Act, and/or the Dislocated Workers Program, or Disabled Veterans Outreach Program; and
- Require only the services provided through Project H.I.R.E. and WorkSource to achieve their employment goal.

Any customer who requires VR services beyond those provided through Project H.I.R.E. will immediately stop being served through the project and will be served through the regular DVR program.

What Services Do Project H.I.R.E. Contractors Provide?

The Project H.I.R.E Contractor provides each customer with rapid job placement services and job placement support services to achieve employment in a full-time, high demand occupation that is consistent with the individual's DVR employment goal. The Contractor also assists each customer in co-enrolling for any services through WorkSource that will support their rapid job placement.

Services will not start until the customer's DVR Individualized Plan for Employment (IPE) has been agreed upon by the DVR Counselor. The services provided by the Contractor will include all activities necessary for a customer to be ready for and accept immediate job placement, including but not limited to:

- Job search preparation and support;
- Resume development and practice interviewing;
- Participation in a Job Club or similar support of job search efforts;
- Marketing the customer to prospective employers and arranging job interviews in targeted high demand occupations;
- Provide or arrange short-term vocational training if needed by a customer to upgrade existing skills;
- Provide or arrange support services needed by the customer including an internship, transportation for job search, childcare during job search, work clothing, tools/equipment, on-the-job training and spoken or American Sign Language interpreters;
- Assist each customer in co-enrolling into WorkSource services (Dislocated Workers Program, WIA Adult or Youth Services, Disabled Veterans Outreach Program, etc.) so the individual utilizes all available comparable benefits; and
- Arrange and schedule job interviews for each customer and assist each customer in preparing for the interview as well as following up with the

employer and then providing the customer with feedback after their interview.

Internships or On-The-Job Training agreements arranged by the Project H.I.R.E. Contractor will be paid for by the Contractor and/or funded through other sources (eg, WIA Adult or Youth Services, etc). Customer internships and OJTs funded through the regular DVR program will not be used within Project H.I.R.E.

A glossary of key service delivery terms from the Project H.I.R.E. contract is listed in Appendix B.

What Are The Job Placement Timelines?

The Project H.I.R.E. Contractor will place customers into employment as rapidly as possible, but no later than 6-months after the contract start date. In addition, the Contractor will assist each Customer in successfully maintaining employment for 90-days.

If a Customer has not obtained employment by December 31, 2009, the individual will leave Project H.I.R.E. and continue being served through the regular DVR program.

How Do Individuals Get Into Project H.I.R.E.?

The Contractor is responsible for identifying individuals to be served through Project H.I.R.E. and informing each individual that they must become a DVR Customer to receive services.

The Contractor will:

- Provide a referral packet to DVR that will contain sufficient material for DVR to determine an individual's eligibility and prepare an Individualized Plan for Employment (see next page).
- Assure that each individual understands:
 - They must apply for and be determined eligible for DVR services by a DVR Counselor in order to be served through Project H.I.R.E., and DVR will keep all of their information strictly confidential.
 - A DVR Individualized Plan for Employment must be developed and agreed to by DVR before job placement or any support services will begin.

- The services provided through Project H.I.R.E. will be those specified within the contract; if an individual requires additional or different vocational rehabilitation services to achieve their employment goal they will cease being served through Project H.I.R.E. and will be served through the regular DVR program.
- They will be expected to co-enroll in WorkSource services and participate in those services that will support their successful job placement (if they are not already).
- That Project H.I.R.E. is time-limited; if they do not achieve job placement by the end of the project they will continue being served through the regular DVR program.
- They may withdraw from Project H.I.R.E. at anytime and receive services through the regular DVR program.
- The Client Assistance Program is available to them at any time if they disagree with decisions or activities related to the services they are receiving through Project H.I.R.E., and they also can use the Fair Hearing process.
- The nondiscrimination policies and complaint procedures of DVR and the Project H.I.R.E. Contractor.

What Is In A Referral Packet & How Is A Case Opened?

The referral packet submitted by the Contractor must include the following material (see examples in Appendix C):

- Application for Vocational Rehabilitation Services Form, DSHS Form 11-022, signed by the individual;
- Consent Form, DSHS Form 14012(X), signed by the individual
- Vocational Information Form, DSHS Form 11-019, completed by the individual;
- Copies of documents verifying the individual's identity and legal authorization to be employed in the United States;
- Disability and Barriers to Employment Checklist, completed by the individual;
- Copies of existing medical and other records or information that verify the individual's disability and barriers to employment; and
- Employment Goal Worksheet, completed by the individual.

The DVR Counselor will:

- Use the referral packet provided by the Project H.I.R.E. Contractor to open the case, determine eligibility, prepare an IPE for signature and enter all required information in STARS.
- Decide with the Contractor the most expedient process for receiving a referral packet and obtaining the Customer's signature on the IPE.

If a referral packet has all required information, it is expected the case will be opened and moved in to IPE-status within 2-5 working days of the DVR Counselor receiving the packet.

It is not required that the DVR Counselor meet with the Applicant to open the case or complete any of the steps to prepare an IPE for signature, unless it is necessary to obtain additional required information beyond that provided in the referral packet.

However, the DVR Counselor *MUST* meet with the Applicant if, after reviewing the referral packet, it appears:

- The individual does not meet DVR eligibility criteria; the DVR Counselor cannot make a determination of ineligibility without meeting with the individual and learning if more diagnostics or other information is available or needed; or
- The individual's disabilities and/or barriers to employment require VR services beyond the scope of Project H.I.R.E.; if so, the individual is to be served through the regular DVR program.

Once the Customer has signed the IPE, the Contractor will begin providing services to the individual.

How Are Project H.I.R.E. Services Paid For?

All services provided through Project H.I.R.E. are paid directly to the Contractor by the DVR State Office. The contractor will follow billing instructions contained within the Project H.I.R.E. contract.

A Customer served through Project H.I.R.E. will receive *ALL* services required for job placement from the Contractor. The DVR Counselor does *NOT* authorize or pay for any Project H.I.R.E. services – nor does the DVR Counselor authorize or pay for any other VR services while a customer is being served through Project H.I.R.E.

As long as a Customer is receiving services through Project H.I.R.E., the individual will *NOT* be required to complete the DVR Financial Statement. However, if the Customer leaves Project H.I.R.E. to receive services through the regular DVR program a Financial Statement must be completed at that time.

How Is A Project H.I.R.E. Case Managed In STARS?

When A Case Is Opened...

Project H.I.R.E. cases will be designated in STARS by the Special Program identifier "ARRA – Project H.I.R.E." The DVR Counselor will select this identifier from the STARS Special Programs screen when the case is opened.

Select "ARRA – Project H.I.R.E." when opening the case

Special Programs

File Edit Screen Reports Help

Name: SSN:

Available Programs

- Alcohol & Substance Abuse: DSHS-DASA, County
- ARRA - Project H.I.R.E.
- Center for Independent Living
- Developmental Disabilities: DSHS-DDD, County
- Economic Assistance: DSHS-GAO, TANT, etc.
- Farmworkers Program: Migrant and/or Seasonal
- Federal Veterans Administration
- Housing: County
- L&I - Apprenticeship Program
- L&I - Injured Workers Voc. Rehab.
- Long Term Care: DSHS-Home & Community

Add ->

Case Specific Programs

<- Remove

Funding Source:

DDD or ASN Partner:

County:

Save and Close Back

The STARS screens for Application, Vocational Information, Eligibility and Vocational Assessment are completed the same as any DVR case using information from the Project H.I.R.E. referral packet.

When The IPE Is Developed...

The IPEs of Project H.I.R.E. Customers will specify an individualized employment goal and contain the vocational assessment information that is provided by the individual. However, all Project H.I.R.E. IPEs will list the same steps and services as shown below. When preparing the IPE, the DVR Counselor will enter the following in STARS:

- Each Customer's employment goal will identify the specific job the individual is seeking and the vocational assessment information will be unique to the individual.

- All Project H.I.R.E. IPEs will contain only one step. The DVR Counselor will enter “Rapid job placement to obtain full-time employment that pays a mid-to-high salary with benefits.”
- All Project H.I.R.E. IPEs will include only one service – “ARRA Job Placement.” The DVR Counselor will select this from the drop down menu of services.
- Each IPE will show the Project H.I.R.E. Contractor as the service provider. The DVR Counselor will select the Contractor from the drop down menu of Service Providers.

Select “ARRA Job Placement” as the Service; select the Project H.I.R.E. Contractor as the Provider

Plan for Employment Step

File Edit Screen Help

Name: SSN:

New Service Edit View Delete

Service:

Provider (Vendor): (10 lines)

Start Date of Service: End Date of Service:

Estimated Service Costs (for working purposes only)

Total Cost:	<input type="text" value="\$0.00"/>	Comp Benefit:	<input type="text" value="\$8.00"/>
Customer Cost:	<input type="text" value="\$0.00"/>	DVR Cost:	<input type="text" value="\$8.00"/>

Comparable Benefits

Source	Amount

- The DVR Counselor will enter the IPE Service Start Date as the date the IPE is expected to be signed.
- The DVR Counselor will enter the IPE Service End Date as the date the Project H.I.R.E. Contractor’s contract expires (see Contractor for the date).

When Employment Begins...

The Project H.I.R.E. Contractor will notify the DVR Counselor within 5-working days of when a Customer has been placed into employment. The Contractor will provide the following information:

- Employer name, address, and telephone number;

- Date the customer started employment;
- Hourly salary;
- Hours per week the client will work; and
- Benefits to be paid by the employer (including medical insurance, contributions to a retirement plans, and paid sick/vacation leave).

The DVR Counselor will use this information to move the case into Plan-Employed status and complete the STARS employment screen.

When The Case Is Closed Rehabilitated...

When a Customer has been employed for 90-days, the Project H.I.R.E. Contractor will verify with the DVR Counselor that the individual remains satisfied with their job and is performing successfully. The DVR Counselor will close the case as Rehabilitated and complete the STARS closure screen.

When The Case is Closed Other Than Rehabilitated...

If it is necessary to close the case of a Project H.I.R.E. Customer as Other Than Rehabilitated, the DVR Counselor follows the same closure steps as any DVR case that is closed without an employment outcome.

Before closing a Project H.I.R.E. Customer's case as Other Than Rehabilitated, the DVR Counselor *MUST* meet with the individual to determine if there are other VR services that would lead to a successful outcome. If so, the IPE is to be amended and the individual will be served through the regular DVR program.

Maintaining Case Narratives...

The Project H.I.R.E. Contractor, DVR Counselor and DVR Supervisor will conduct a monthly meeting to staff all open cases (see next page). The DVR Counselor will summarize this information into a monthly STARS Case Narrative that updates the progress of each Customer.

Tracking Project H.I.R.E. Cases In STARS...

A feature is being added to STARS that will enable the DVR Counselor to track Project H.I.R.E. cases separately from other cases on their caseload. The STARS Caseload Browse screen will have two radio buttons that enable the Counselor to toggle between lists of the "General Cases" and their "ARRA – Project H.I.R.E." cases.

Caseload Browser Changes:
Add radio buttons to toggle between "General Cases" and "ARRA - Project Hire Cases"
Modify logic for View Action due as required.

A case is considered "ARRA" if:
1. They are in Application status, Eligible status or Closed Other before Plan and they have a Special Program of "ARRA - Project Hire".
2. They are in Plan status, Plan-EMP status, Closed Other (after Plan) or Closed Rehabilitated and they have a Special Program of "ARRA - Project Hire" and they also have the Service Category "ARRA Job Placement" as a service on their most recent signed IPE.

What If A Customer Requires VR Services Beyond Those Provided Through Project H.I.R.E.?

In the event a Customer requires VR services beyond those provided or arranged by the Project H.I.R.E. Contractor to successfully achieve their employment goal, the Contractor will cease services and immediately refer the individual to the DVR Counselor to be served through the regular DVR program.

A Customer also may choose at any time to cease being served through Project H.I.R.E. and be served from the regular DVR program by making a request to the DVR Counselor.

To move a case from Project H.I.R.E. to the regular DVR program, the DVR Counselor will:

- Amend the IPE and include whatever additional steps or VR services the customer requires to achieve their employment goal.
- **IMPORTANT** – When amending the IPE, select the STARS amendment option "*Start with a blank plan.*" Do not add steps or services to the existing IPE.

Once the original "Project H.I.R.E." IPE is amended, STARS will automatically move the case into the DVR Counselor's general caseload and the customer no longer will be listed as a Project H.I.R.E. case.

What Is Required For Successful Collaboration?

It is expected that the DVR Counselor, DVR Supervisor and Project H.I.R.E. Contractor will work together as a close, collaborative team to support customer success.

The Project H.I.R.E. contract requires the Contractor to participate in a monthly case staffing meeting with the DVR Counselor and DVR Supervisor to keep them informed of the progress that Customers are making towards job placement. The meeting is to promote collaboration and joint problem solving to enhance overall success.

At the monthly case staffing, the Project H.I.R.E. Contractor will discuss all Customers currently being served and address the following:

- Number of jobs each Customer has applied for;
- Number of job interviews that were arranged for each Customer and the types of high demand occupations that were targeted;
- The results of each job interview;
- Any short-term vocational training that a Customer participates in;
- Problems or barriers a Customer is encountering and steps taken to resolve them;
- Support services provided to, or arranged for, each Customer; and
- A summary of each Customer's overall progress.

In addition to updating Customer progress during monthly case staffing meetings, the Project H.I.R.E. Contractor is required by the contract to submit a written Progress Report with each billing for payment. This report must include the number of jobs the Contractor filled as new positions or saved as existing positions to perform the work of the contract.

The written Progress Report must also include the following information about each Customer who is served by the Contractor (the DVR State office will compare this information with STARS data):

- Customer name, birth date, and telephone number;
- Date of first day of employment;
- Job title;
- Employer name and address;
- Hourly wage;
- Number of work hours/week;
- Outcome of job placement (successful or not successful); and

- If not successful, the reason why and date the Customer was referred back to the DVR Counselor.

Appendix A – Contacting Former DVR Customers Receiving Unemployment Insurance Benefits

The DVR Supervisor will coordinate outreach to former DVR Customers who have been rehabilitated in the last 3 years and are now collecting unemployment benefits. This requires:

1. A list of former DVR Customers will be provided to the DVR Supervisor.
2. The DVR Supervisor will assure that each Customer is contacted as quickly as possible to determine if the individual is interested in returning to DVR to be served either through Project H.I.R.E. or the regular DVR program.
3. Those former Customers who are interested in being served through Project H.I.R.E. will be referred to the Contractor. The customer will sign a Consent Form and excerpts from their previous DVR case will be provided to the Contractor (information about disability and barriers to employment, IPE, and employment information).
4. The Project H.I.R.E. Contractor will review the former Customer's previous DVR information and determine whether they want to consider serving the individual. If so, the Contractor will contact and meet with the individual.
5. If the former DVR Customer is going to be served by the Project H.I.R.E. Contractor, a referral packet will be sent to the DVR Counselor the same as any new applicant. The former Customer will be required to open a new DVR case, even though they may be eligible for Post Employment Services (PES).
6. If the former DVR Customer is not going to be served through Project H.I.R.E. but wants to be served through the regular DVR program, the DVR Supervisor will assign the individual to a DVR Counselor and it will be determined if the individual is to be served through PES or open a new DVR case.

Appendix B – Project H.I.R.E. Contract Definitions

The following definitions of terms are contained in the Project H.I.R.E Contract as a basis for service delivery.

DVR Client (aka “DVR Customer”) means an individual who:

- Is identified and referred by the Contractor to DVR,
- Applies for and is determined eligible by a DVR Counselor to receive DVR services according to eligibility criteria specified by the federal Rehabilitation Act of 1973 (29 USC Chapter 16 and 34 CFR Part 361), and
- Will be served by the Contractor through Project H.I.R.E.

DVR Individualized Plan for Employment (IPE) means a document that must be completed and agreed to between a DVR Client and their DVR Counselor before the client can receive vocational rehabilitation services, identifying:

- the client’s employment goal,
- steps, services and timelines that are required to achieve the goal,
- service providers, and
- other information including responsibilities, terms and conditions to be fulfilled by the DVR Client and DVR Counselor.

High Demand Occupation means an occupation with a substantial number of current or projected employment opportunities.

Integrated Work Setting means a setting commonly found in the community in which an employee with a disability experiences interaction with people without disabilities, other than service providers, to the same degree that a non-disabled person in the same type of job would experience.

Job Placement means locating, securing, and placing a DVR client into a paid job within an integrated work setting that:

- Is a permanent full-time job with benefits in a high demand occupation;
- Pays a mid-to-high salary; and
- Matches the employment goal on the DVR Client’s Individualized Plan for Employment.

Job Placement Support Services means services provided or arranged by the Contractor that enable the DVR Client to participate in job placement activities including, but not limited to, transportation for job search, childcare during job

search, work clothing, tools/equipment, and spoken or American Sign Language interpreters.

Mid-to-High Salary means a salary that is equivalent to or higher than the median hourly wage for all occupations within the County where a Project H.I.R.E. job placement is located.

On-the-Job Training means specific training that an employer provides to a DVR Client when the client is employed through Project H.I.R.E. and requires more than typical orientation or supervision to learn required job duties. This training is based on a written training plan developed jointly by the Contractor, employer and DVR Client. The employer is reimbursed by the Contractor for the additional time spent training the new employee at a rate that is equivalent to fifty-percent of the monthly wage paid by the employer to the employee during the first two months of employment.

Permanent Full-time Job with Benefits means a job that is not temporary or seasonal in nature that has a weekly work schedule of at least 35 hours per week, and includes the following benefits paid by the employer: medical insurance, contributions to a retirement plan, and compensated sick and vacation leave.

Project H.I.R.E. means Project **H**ire **I**ndividuals with disabilities **R**eady for **E**mployment.

Short-term Vocational Training means training that can be completed within 16-weeks or less to upgrade existing vocational skills, certification, and/or licensure that is needed by a DVR Client to be qualified to obtain employment in a high demand occupation.

Workforce Investment Act (WIA) Adult and Youth Services means services authorized for adults and youth under the federal Workforce Investment Act (29 USC Chapter 30 and 20 CFR Parts 652 and 660-671).

Workforce Investment Act Supportive Services means services that include transportation, child care, dependent care, housing and needs-related payments that are necessary to enable an individual to participate in activities authorized under WIA Title I.

Appendix C – Referral Packet

- Application for Vocational Rehabilitation Services Form, DSHS Form 11-022, signed by the individual;
- Consent Form, DSHS Form 14012(X), signed by the individual
- Vocational Information Form, DSHS Form 11-019, completed by the individual;
- Copies of documents verifying the individual's identity and legal authorization to be employed in the United States;
- Disability and Barriers to Employment Checklist, completed by the individual;
- Copies of existing medical and other records or information that verify the individual's disability and barriers to employment; and
- Employment Goal Worksheet, completed by the individual.

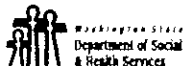
Application for DVR Services



Application for Vocational Rehabilitation Services

1. SOCIAL SECURITY NUMBER	2. APPLICANT'S FIRST NAME MIDDLE INITIAL LAST NAME		
3. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	4. BIRTHDATE	5. COUNTY	
6. STREET ADDRESS		CITY	STATE ZIP CODE
7. TELEPHONE NUMBER (INCLUDE AREA CODE) <input type="checkbox"/> Fax <input type="checkbox"/> TTY		8. EMAIL ADDRESS	
		9. VIDEOPHONE IP	
10. I currently receive: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI - Disabled			
<p>I hereby apply to the Division of Vocational Rehabilitation (DVR) for services that will enable me to achieve an employment outcome.</p> <p>I understand that consistent with Title VI of the Civil Rights Act of 1964, and Washington State Laws, against discrimination, the Washington State Department of Social and Health Services prohibits discrimination based on a person's race, color, creed, religion, sexual orientation, disabled veteran status, Vietnam Era veteran status, national origin, sex, disability, or age in all of its programs and services.</p> <p>I understand that DVR may obtain personal information from state and federal agencies to verify my benefits, earnings and income from employment or self-employment. The authority under which the information is collected includes WAC 388-891-0103, 34 CFR 361.38 (Code of Federal Regulations), and RCW 50.13.060 for Employment Security, and RCW 82.32.330 for Department of Revenue.</p> <p>I also understand that, in accordance with WAC 388-891-0215, if at any time I am dissatisfied with any decision made by DVR, I have the right to contact the Client Assistance Program, the right to request mediation and the right to request a formal hearing.</p> <p>Please check the following boxes if appropriate:</p> <p><input type="checkbox"/> Discrimination complaint procedures and Client Assistance Program (CAP) services were described to me.</p> <p><input type="checkbox"/> I understand that a DVR counselor must determine whether or not I am eligible for Vocational Rehabilitation Services. An assessment may be needed to determine eligibility and I am available to participate in that assessment.</p> <p><input type="checkbox"/> The opportunity to register to vote was offered to me.</p> <p><input type="checkbox"/> I authorize DVR to disclose the required information to DSHS client registry system. This information will assist your counselor in coordinating services with other DSHS divisions. This information includes: Name; social security number; birth date; gender; ethnic background; current treatment agency/facility.</p>			
SIGNATURE OF APPLICANT/PARENT/GUARDIAN		APPLICATION DATE	
TO BE COMPLETED BY DIVISION OF VOCATIONAL REHABILITATION (DVR) STAFF ONLY			
DVR STAFF ASSIGNED TO APPLICANT			

Consent to Share Information



CONSENT

NOTICE TO CLIENTS: The Department of Social and Health Services (DSHS) can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for DSHS and the agencies and individuals listed below to use and share confidential information about you. DSHS cannot refuse you benefits if you do not sign this form unless your consent is needed to determine your eligibility. If you do not sign this form, DSHS may still share information about you to the extent allowed by law. If you have questions about how DSHS shares client confidential information or your privacy rights, please consult the DSHS Notice of Privacy Practices or ask the person giving you this form.

CLIENT IDENTIFICATION:												
NAME		DATE OF BIRTH	IDENTIFICATION NUMBER									
ADDRESS		CITY	STATE ZIP CODE									
TELEPHONE NUMBER (INCLUDE AREA CODE)		OTHER INFORMATION										
CONSENT:												
<p>I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I further grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery. Please check all below who are included in this consent in addition to DSHS and identify them by name and address:</p> <p><input type="checkbox"/> Health care providers: _____</p> <p><input type="checkbox"/> Mental health care providers: _____</p> <p><input type="checkbox"/> Chemical dependency service providers: _____</p> <p><input type="checkbox"/> Other DSHS contracted providers: _____</p> <p><input type="checkbox"/> Housing programs: _____</p> <p><input type="checkbox"/> School districts or colleges: _____</p> <p><input type="checkbox"/> Department of Corrections: _____</p> <p><input type="checkbox"/> Employment Security Department and its employment partners: _____</p> <p><input type="checkbox"/> Social Security Administration or other federal agency: _____</p> <p><input type="checkbox"/> See attached list</p> <p><input type="checkbox"/> Other: _____</p>												
<p>I authorize and consent to sharing the following records and information (check all that apply):</p> <p><input type="checkbox"/> All my client records</p> <p><input type="checkbox"/> Records on attached list</p> <p><input type="checkbox"/> Only the following records</p> <table border="0"><tr><td><input type="checkbox"/> Family, social and employment history</td><td><input type="checkbox"/> Health care information</td><td><input type="checkbox"/> Treatment or care plans</td></tr><tr><td><input type="checkbox"/> Payment records</td><td><input type="checkbox"/> Individual assessments</td><td><input type="checkbox"/> School, education, and training</td></tr><tr><td colspan="3"><input type="checkbox"/> Other (list): _____</td></tr></table>				<input type="checkbox"/> Family, social and employment history	<input type="checkbox"/> Health care information	<input type="checkbox"/> Treatment or care plans	<input type="checkbox"/> Payment records	<input type="checkbox"/> Individual assessments	<input type="checkbox"/> School, education, and training	<input type="checkbox"/> Other (list): _____		
<input type="checkbox"/> Family, social and employment history	<input type="checkbox"/> Health care information	<input type="checkbox"/> Treatment or care plans										
<input type="checkbox"/> Payment records	<input type="checkbox"/> Individual assessments	<input type="checkbox"/> School, education, and training										
<input type="checkbox"/> Other (list): _____												
<p>PLEASE NOTE: If your client records include any of the following information, you must also complete this section to include these records. I give my permission to disclose the following records (check all that apply):</p> <p><input type="checkbox"/> Mental health <input type="checkbox"/> HIV/AIDS and STD test results, diagnosis, or treatment <input type="checkbox"/> Chemical Dependency (CD) services</p>												
<p>- This consent is valid for <input type="checkbox"/> one year <input type="checkbox"/> as long as DSHS needs records, or <input type="checkbox"/> until _____ (date or event).</p> <p>- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.</p> <p>- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.</p> <p>- A copy of this form is valid to give my permission to share records.</p>												
SIGNATURE		DATE	AGENCY CONTACT/WITNESS SIGNATURE									
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)		TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE									
<p>If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (attach court order) <input type="checkbox"/> Personal representative <input type="checkbox"/> Other: _____</p>												

NOTICE TO RECIPIENTS OF INFORMATION: If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission. If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

DVR Vocational Information



DIVISION OF VOCATIONAL REHABILITATION (DVR)

Vocational Information

FOR DVR STAFF ONLY

VRC ASSIGNED

APPLICATION DATE

Please complete as much of this form as you can. This information will assist the Division of Vocational Rehabilitation (DVR) in determining your eligibility and vocational planning. Your information will be kept confidential and only used as necessary for your rehabilitation.

If you need help filling out this form, ask your counselor for assistance.

I. PERSONAL INFORMATION

1. SOCIAL SECURITY NUMBER	2. APPLICANT'S FIRST NAME MIDDLE INITIAL LAST NAME		
3. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	4. BIRTHDATE	5. COUNTY IN WHICH YOU LIVE	
6. STREET ADDRESS	CITY	STATE	ZIP CODE
7. E-MAIL ADDRESS	8. VIDEOPHONE IP		
9. TELEPHONE NUMBER (INCLUDE AREA CODE) <input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> TTY/TDD	10. TELEPHONE NUMBER (INCLUDE AREA CODE) <input type="checkbox"/> Voice <input type="checkbox"/> Fax <input type="checkbox"/> TTY/TDD		
11. MARITAL STATUS <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic partnership <input type="checkbox"/> Widowed			

THIS SECTION IS TO BE COMPLETED BY DVR STAFF.

Number in family: _____ Number of dependents: _____

12. Are you living independently? ☐ Yes ☐ No FOR DVR STAFF ONLY:
IF IL ISSUES EXIST, COMPLETE IL VOCATIONAL INFORMATION ADDENDUM.

13. Do you need assistance with any Independent Living issues? ☐ Yes ☐ No If yes, explain:

14. How long have you lived at your current address? _____
Are you planning to move in the near future? ☐ Yes ☐ No

15. HOUSEHOLD MEMBER NAMES	RELATIONSHIP	HOUSEHOLD MEMBER NAMES	RELATIONSHIP

16. WHO REFERRED YOU TO DVR?

II. EDUCATION AND WORK STUDY

17. Did you complete high school? ☐ Yes ☐ No If yes, did you get: ☐ a diploma; or a ☐ GED

SCHOOL NAME	YEAR COMPLETED	CITY AND STATE	IF NO, WHAT GRADE DID YOU LAST ATTEND?
-------------	----------------	----------------	--

18. Have you gone to college? ☐ Yes ☐ No

COLLEGE/UNIVERSITY	YEAR	MAJOR AREA(S) OF STUDY	DEGREES

19. Other schools or training:

20. Did you have difficulty learning? ☐ Yes ☐ No If yes, explain:

21. Are you working? ☐ Yes ☐ No If yes, how much is your monthly income? \$ _____

THIS SECTION IS TO BE COMPLETED BY DVR STAFF.

Occupation category: _____

Weekly earnings: _____ **Hour worked:** _____

WORK HISTORY: START WITH YOUR PRESENT OR LAST JOB

JOB TITLE		EMPLOYER	CITY AND STATE
DATE STARTED	DATE ENDED	SALARY \$ _____ per	REASON LEFT
SKILLS AND DUTIES			
JOB TITLE		EMPLOYER	CITY AND STATE
DATE STARTED	DATE ENDED	SALARY \$ _____ per	REASON LEFT
SKILLS AND DUTIES			

WORK HISTORY (CONTINUED)

JOB TITLE		EMPLOYER	CITY AND STATE
DATE STARTED	DATE ENDED	SALARY \$ per	REASON LEFT
SKILLS AND DUTIES			
JOB TITLE		EMPLOYER	CITY AND STATE
DATE STARTED	DATE ENDED	SALARY \$ per	REASON LEFT
SKILLS AND DUTIES			

Were assistive devices or reasonable accommodations needed, provided or attempted on any job?
If yes, please explain:

III. CONTACT INFORMATION

22. If we are unable to reach you, whom should we contact?

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP

IV. ETHNICITY

This information is not mandatory, but it will assist us in assuring that services are being provided regardless of race, color, or national origin.

Are you of Spanish/Hispanic origin: ☐ Yes ☐ No

If yes, please check the appropriate box(es) below:

- ☐ Mexican American ☐ Puerto Rican
☐ Cuban ☐ Other (specify): _____

Please check the appropriate box(es) below regarding your race/ethnicity.

- | | | | |
|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> White/European American | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian or Pacific Islander |
| <input type="checkbox"/> Eskimo | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian, | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Cambodian | |

List Tribe: _____

☐ I do not wish to provide information on my race and/or ethnicity.

V. COMMUNICATION AND SPECIAL NEEDS

23. What languages do you speak, read, and/or write fluently?

THIS SECTION IS TO BE COMPLETED BY DVR STAFF.

English speaking ability: _____ Reading ability: _____

Primary language: _____

Communications ability: _____

Transportation use ability: _____

VI. SUPPORT AND MEDICAL INSURANCE

24. If you are not working, how do you support yourself?

25. How much is your TOTAL monthly income from all sources and/or benefits? \$ _____

26. When you go to work, how much will you need to earn per month to support yourself and/or your family?
\$ _____

THIS SECTION IS TO BE COMPLETED BY DVR STAFF.

Primary support: _____

Public support: _____

Support amount: _____ Family Income: _____

27. Do you have any lawsuits pending? ☐ Yes ☐ No

28. Do you have medical insurance? ☐ Yes ☐ No ☐ Medicaid ☐ Medicare ☐ Worker's Compensation
Is your medical insurance provided by your employer? ☐ Yes ☐ No

THIS SECTION IS TO BE COMPLETED BY DVR STAFF.

Type of Institution: _____

29. Are you involved with any of the following agencies or programs?

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Seasonal Farm Worker |
| <input type="checkbox"/> Alcohol/drug treatment | <input type="checkbox"/> Migrant Farm Worker |
| <input type="checkbox"/> Developmental Disabilities (DD) | <input type="checkbox"/> High school (under age 22) |
| <input type="checkbox"/> DSHS economical, social, and medical programs | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Employment Security (ES) | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Job Training Partnership | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Labor and Industries (L&I) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Mental Health (MHD) | |
| <input type="checkbox"/> Project with Industries (PWI) | |

THIS SECTION IS TO BE COMPLETED BY DVR STAFF.

Funding source: ☐ General
☐ Supported employment

Proviso: ☐ DD ☐ MH ☐ Transition

VII. DOCUMENTATION/VOCATIONAL			
30. HAVE YOU BEEN INVOLVED WITH DVR BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHEN	WHERE
VOCATIONA REHABILITATION COUNSELOR'S NAME		YOUR NAME (IF DIFFERENT THEN)	
31. What do you want from DVR?			
32. HAVE YOU DONE MILITARY SERVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, BRANCH OF SERVICE	DATES
33. DO YOU HAVE RELIABLE TRANSPORTATION AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, WHAT TYPE	DISCHARGE TYPE
34. WHERE IS YOUR PLACE OF BIRTH?		CITY	STATE
			COUNTRY
NATURALIZED CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT A NATURALIZED CITIZEN, DO YOU HAVE A VALID WORK PERMIT (GREEN CARD)? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YOU DO NOT HAVE A VALID WORK PERMIT, EXPLAIN
	IF YOU HAVE A VALID WORK PERMIT, GIVE THE EXPIRATION DATE		
35. Have you had a DWI conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Probations/Parole Officer's name: _____ Telephone number: _____ Release date: _____ City/Jurisdiction: _____			
36. What are your immediate job interests?			
37. Do you have any special skills, certificates, or licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly:			
38. If you are not working, what have you been doing to prepare for or find a job?			
39. Do you have any job prospects right now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
40. What are your long-range career goals?			
41. Describe any vocational testing you have had within the previous five years.			

VIII. MEDICAL/PSYCHOLOGICAL

42. Do you have one or more conditions which affect your ability to work? ☐ Yes ☐ No

43. Is your condition:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Alcohol/drugs | <input type="checkbox"/> Psychiatric/emotional |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> Sensory (hear/see) | <input type="checkbox"/> Learning disability |

44. Briefly describe the condition(s):

45. How does your condition(s) prevent you from getting a job, keeping a job, or performing essential job duties?

46. Do you have problems or concerns about the following?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Vision/hearing/speech | <input type="checkbox"/> Bowels | <input type="checkbox"/> Head injury or stroke | <input type="checkbox"/> Tumor/cancer |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Blackouts/fainting | <input type="checkbox"/> Heart | <input type="checkbox"/> Seizures/convulsions |
| <input type="checkbox"/> Blood disorder | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Asthma/shortness of breath | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Allergies/rashes | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Stomach, intestines | <input type="checkbox"/> Mobility |

47. Have you ever been unconscious? ☐ Yes ☐ No If yes, explain briefly:

48. Describe other health problems:

49. Do you have problems or concerns about the following?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Stamina/strength | <input type="checkbox"/> Depression | <input type="checkbox"/> Remembering things | <input type="checkbox"/> Anger or short temper |
| <input type="checkbox"/> Following instructions | <input type="checkbox"/> Reading or writing | <input type="checkbox"/> Stress | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Getting along with others | <input type="checkbox"/> Coordination | <input type="checkbox"/> Working too slow | <input type="checkbox"/> Math |
| <input type="checkbox"/> Absent from work a lot | <input type="checkbox"/> Speech | <input type="checkbox"/> Anxiety or panic | |

50. Have you ever received treatment for an emotional or mental health problem? ☐ Yes ☐ No If yes, explain:

VIII. MEDICAL/PSYCHOLOGICAL (CONTINUED)

51. List the physicians or specialists involved in the treatment of your condition(s).

DATES OF TREATMENT	NAME	ADDRESS

52. Have you ever been hospitalized for your condition(s)? ☐ Yes ☐ No

DATES OF TREATMENT	HOSPITAL	ADDRESS
REASON		
REASON		
REASON		

53. Are you taking medications? ☐ Yes ☐ No If yes, please list:

54. Are there assistive devices or other technology that would help you perform a job?

PROOF OF IDENTITY & AUTHORIZATION TO BE EMPLOYED IN THE UNITED STATES

To be a DVR Customer an individual must provide copies of documents that prove both their identity and that they are legally authorized to be employed in the United States. The following documents will meet these requirements.

List A

Any one of the following documents establish both identity and authorization to be employed in the United States.

- U.S. Passport (unexpired or expired).
- Unexpired Foreign Passport with I-551 stamp.
- Alien Registration Receipt Card or Permanent Resident Card (INS Form I-551).
- Unexpired Temporary Resident Card (INS Form I-688).
- Unexpired Employment Authorization Card (INS Form I-688A).
- Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form 766 or I-688B).
- For aliens authorized by the INS to work only for a specific employer: Unexpired Foreign Passport with Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B

Any one of the following original documents is acceptable to establish identity only. (Must be provided with any one of documents in List C below.)

- Driver's license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address.
- ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address.
- School ID card with photograph.
- Voter's registration card.
- U.S. military card or draft record.
- Military dependent's ID card.
- U.S. Coast Guard Merchant Mariner card.
- Native American Tribal document.
- Driver's license issued by a Canadian government authority.
- For persons under age 18, school record or report card, clinic, doctor or hospital record, day-care or nursery school record.

List C

Any one of the following original documents is acceptable to establish employment authorization only. (Must be provided with any one of the documents in List B above.)

- U.S. Social Security card issued by the Social Security Administration (except when the card specifies on the face that the issuance of the card does not authorize employment in the United States).
- Certificate of Birth Abroad issued by the Department of State (Form FS-545).
- Original or certified copy of birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal.
- Native American tribal document.
- U.S. Citizen ID card (INS Form 1-197).
- ID Card for use of Resident Citizen in the United States (INS Form 1-179).
- Unexpired employment authorization document issued by the INS (other than those listed under List A

DISABILITY & BARRIERS TO EMPLOYMENT CHECKLIST

(Please Print)

NAME: _____

DISABILITY: _____

BARRIERS TO EMPLOYMENT: Check any barriers below that your disability causes

1. Mobility

Mobility means the physical, cognitive, sensory and psychological ability to move about from place to place inside and outside the home compared to people who don't have mobility-related limitations.

- ☐ Serious limitation in ability to stand, walk, or maintain balance.
- ☐ Unable to use public transportation.
- ☐ Requires a personal assistant or other individual to get around in the community.
- ☐ Requires specialized transportation, such as assistive technology, adaptive devices and/or vehicle modifications to drive independently or ride in a vehicle.
- ☐ Requires a wheelchair, prosthesis, other devices or equipment, service animal, or specialized training to get around in the environment.
- ☐ Requires instruction or assistance from others to adjust to changes in routine travel routes or methods.

Other – Please Explain:

2. Work Tolerance

Work Tolerance means the physical, cognitive, sensory and psychological ability to meet the demands of participating in work-related activities. (For example, how long and under what conditions the individual can work.)

- ☐ Requires modified or flexible work schedule, extra rest periods, job modifications, or other accommodations due to physical or mental conditions or the side effects of medication.

- ☐ Requires rehabilitation technology or work site modifications related to stamina or endurance.
- ☐ Unable to perform at a pace necessary to meet minimum production or job standards; or productivity and/or quality of work significantly declines over a work shift due to limited endurance.
- ☐ Serious limitations involving movement such as sitting, standing, bending, reaching or lifting.
- ☐ Serious adverse reaction to environmental conditions, such as heat, cold, chemicals, scents, etc.
- ☐ Unable to sustain attention, or concentrate for long periods of time.

Other – Please Explain:

3. Communication

Communication means the physical, cognitive, sensory and psychological ability to effectively exchange information through expressive or receptive methods, spoken words or concepts (writing, speaking, listening, sign language, or other adaptive methods).

- ☐ Requires speech reading, sign language, real-time captioning, written aids, or other visual cues to comprehend spoken language.
- ☐ Requires a format other than standard print for written information (tape, Braille, large print) or requires use of assistive technology to read.
- ☐ Cannot speak or speech is not readily understood by others or requires frequent repetition.
- ☐ Unable to use a telephone, even with amplification, or requires the use of a TTY, Relay Services, or other assistive device.
- ☐ Requires an accommodation for functional reading and/or writing.
- ☐ Tone or inflection conveyed in verbal communication is not perceived or understood.
- ☐ Conversation is rambling, halting, weak, pressured, illogical, irrelevant or obscure.
- ☐ Requires modifications, adaptive technology, and/or accommodations to communicate with others.
- ☐ Environmental cues, such as alarms, sirens, or warning lights are not detected or understood.

Other – Please Explain:

4. Self-Care

Self care means the physical, cognitive, sensory, or psychological ability to independently perform activities of daily living at a level which allows the individual to participate in work-related activities.

- [] Requires assistance from another person, assistive technology, or other accommodations to follow a daily schedule or to accomplish changes in a daily schedule.
- [] Requires assistance from another person, assistive technology, or accommodations to accomplish routine personal care, such as bathing, using the bathroom, dressing, meals, taking medications, etc.
- [] Requires assistance from another person, assistive technology, or accommodations to maintain safety, respond to emergencies or participate in evacuations at work.

Other – Please Explain:

--

5. Interpersonal

Interpersonal means the physical, cognitive, sensory, or psychological ability to establish and maintain personal, family and community relationships as it affects, or is likely to affect, job performance and security.

- [] Unable to recognize or respect commonly accepted social cues or personal boundaries.
- [] Unable to perceive or consider others' viewpoints or to work cooperatively.
- [] Persistent behavior that results in exclusion, discipline, frequent conflict, or other negative consequences at home, work, school or other settings.
- [] Persistent behavior of social avoidance, isolation, or withdrawal.
- [] Extreme suspiciousness or anxiety; anger, or aggression.

Other – Please Explain:

--

6. Learning and Self-Direction

Learning and self direction means the physical, cognitive, sensory or psychological ability to independently plan, initiate, learn, problem solve, and organize activities related to self, health, safety, socialization, recreation and work.

- ☐ Unable to follow instructions, concentrate, remember or complete tasks.
- ☐ Unable to independently analyze and/or solve problems, weigh alternatives, and/or make decisions.
- ☐ Responds impulsively and is easily distracted by external/environmental stimuli.
- ☐ Unable to independently plan and organize tasks.
- ☐ Requires constant or nearly constant assistance with decision making to initiate tasks, solve simple problems, maintain attention, and make small adjustments in routine or complete tasks.
- ☐ Requires intensive or specialized training to learn and retain new information and/or maintain skills.
- ☐ Unable to judge whether work is completed correctly or incorrectly.
- ☐ Unable to learn or perform basic skills in reading, spelling or math.

Other – Please Explain:

--

7. Work Skills

Work skills means the physical, sensory, and psychological ability to perform tasks required to carry out job functions.

- ☐ Unable to write with a pen/pencil or to keyboard due to limited dexterity or motor movement.
- ☐ Unable to perform manual tasks, such as pushing, pulling, grasping or gripping, due to loss of strength or manual dexterity in arms/hands.
- ☐ Limitations in dexterity/coordination impede tasks that require control, precision or speed.
- ☐ Requires job modifications, learning accommodations, specialized training, adaptive technology or accommodations to perform specific work tasks.

Other – Please Explain:

--

EMPLOYMENT GOAL WORKSHEET

(Please Print)

To develop an Individualized Plan for Employment (IPE) so that you can participate in Project H.I.R.E., DVR must have all of the following information about your employment goal. Please answer every item below with at least 2-3 sentences of information. If an item does not seem to apply to your situation, please print "DOES NOT APPLY."

NAME: _____

I want to achieve the following employment goal _____

1. I chose this employment goal because: (List all of your reasons, such as: "I am skilled and experienced doing this type of work;" "This type of work pays well and is in high demand;" etc")
2. I chose my employment goal based on the following vocational testing, assessments, and/or career exploration: (List any vocational tests, vocational assessments, interest inventories, aptitude tests, or other steps you took to decide upon your employment goal.)
3. In addition to disability-related barriers to employment, I will have to overcome the following other barriers to employment: (Examples – lack of transportation, no permanent housing, need to find childcare, a criminal record, no recent work history, etc.)
4. The employment goal I have chosen is a good fit with my vocational strengths and personal situation:
 - a. Physical and Mental Health (Stamina, tolerances, interpersonal skills, mobility, etc.):
☐ I do not have any physical or mental health issues that will prevent me from reaching my employment goal

- ☐ I do have physical or mental health barriers to employment, but they will not prevent me from reaching my employment goal, because: (please explain)

b. Intellectual/Learning (Aptitude, cognitive, academic levels, learning styles, etc):

- ☐ I do not have any intellectual/learning issues that will make it hard for me to reach my employment goal
- ☐ I do have intellectual/learning barriers to employment, but they will not keep me from reaching my employment goal, because: (please explain)

c. Transferrable Skills (Previous work history, volunteer work, certifications, etc):

- ☐ My employment goal does not require that I use any previous work skills, credentials or history
- ☐ All of my work skills, credentials, and history are applicable to my employment goal, because: (please explain)

d. Financial Considerations (Income needs, debt, financial resources, etc):

- ☐ To pay my bills and meet my financial needs, I must earn at least \$_____ per month
- ☐ My employment goal will lead to a job that pays at least this monthly salary

e. Labor Market Analysis (WOIS, job outlook, hiring practices, etc.):

- ☐ I know there is a high demand job market for my employment goal, because: (please explain)

- ☐ I have used the following information to study the labor market for my employment goal:

f. Personal Resources (Stable housing, reliable transportation, childcare, etc.):

- ☐ While searching for employment, I will have all the personal resources needed to be successful
- ☐ While searching for employment, I will need assistance with the following personal resources: (please explain)

g. Social Supports (Family, support groups, other agencies, etc):

- ☐ I have enough support from others to conduct a successful job search
- ☐ I will need the following support from others to be able to conduct a successful job search: (please explain)